Tricket Color Co	Time	COMMONWEALTH OF VIRGINIA	HEALTH DEPARTMENT FORM # N 3582701
Agency Fig. Unit # Agency Fig. Unit # Agency Fig. Unit # Agency Fig. Times (24 Hour Format)	Agency	PRE-HOSPITAL PATIENT CARE REPORT	TEALTH DEFANTIVIENT FORIVI #
1 1 1 1 1 1 1 1 1 1	Temporal Location Type Type GP SERVICE Type Color Type GP SERVICE Type GP SERVIC		
LOCATION TYPE	LOCATION TYPE TYPE OF SERVICE Trained Targories TON Description		TIMES (24 Hour Format)
None-Residence 7 Public Building 1 Scene 1 Trailed Taxoported ENS 6 Pubmit Retailed Care 98996 SONA			WORK TO CONCUE
2 Farm 8 Recolated Institution 2 1 Unable of Internative Transfer 2 Trained. Trained. 3 Trained. Train	2 Ferm 6 Buschen technique 2 Uniconde telepacity Targets 2 Tendot, Transferred Earl 7 Dears at Serve 3 Meni Charry 6 Fear Color Laber 1 Stancibly Tendot		DEC DOLLDING.
4 Industrian Pissor 151 Other Specified Location 4 Startby Sta	4 Industrial Place 10 Oher Specified Learnes 4 Shardby Million 1 Departed Control 5 Receiver (10 Oher Specified Learnes 5 Receiver (10 Oher Applicable 5 Oher Applicable 5 Receiver (10 Oher Applicable 5 Oher Applicable 5 Oher Applicable 5 Receiver (10 Oher Applicable 5 Oher App	2 Farm 8 Residential Institution 2 Unsched Interfacility Transfer 2 Treatment	ated, Transferred Care 7 Dead at Scene ARRIVE SCENE
Permisses 11 Usepacified Location 5 Recetterouse; 6 Treated and Released NA Rot Applicable Name east Nat Control Name	Persona 11 Usaspride Lucellon 5 Rendezveur 4 1 Trende and Reseasc MA Rot Applicable 6 Streichfigway U Usersown U U U U U U U U U U U U U U U U U U		
Steet/Highray U Unloows	StretchHighway U Benoron U Unknoon Stretch Highway U Benoron Stretch Highway U D #	Premises 11 Unspecified Location 5 Rendezvous 4 Tree	atod and Released NA Not Applicable ARRIVE DESTINATION
AC	ACC		LEAVE DESTINATION
At 1	Att 1		
Alicy	Att 2		
Departor	Operator		
Description	Operator	Att 2 ID #FR EMT ST CT I PRN MD O	
Patient's Pati	Patient's Name	Operator ID # FR EMT ST CT I P RN MD O	THNAUnit # LJ
Name	Name	Operator ID # FR EMT ST CT P RN MD O	[H NA Unit #
AGE	AGE	Patient's	dicitoriio
State	State Zip		<u> </u>
Spouse Parent/Guardian DOB Race Code Standard Race Code Gender	Sociate		
Allergies	Other Address		
Allergies	Accident/Industrial/Construction		
Type F CALL	TYPE OF CALL		
Type of CALL	TYPE OF CALL	-	
2	2	TYPE OF CALL	
3 Assault	3 Sasult		
S Injury Not Listed 0 Other: S Chronic Resp Failure 11 Seizure Disorder NA Not Applicable NA Not Applica	S	3 Assault 9 Standby 3	Tuberculosis 9 Hypertension
State	Medical Emergency		
Time LOC Pulse Respirations BP Perfusion Pupils EKG Defip Joules OX Glucose GCS Score	1 min APGAR: 5 min APGAR: BURN %:		
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	MECHANISM OF INJURY				AGEN AGEN AGEN CAUST CAUST									SE				
1	Aircraft Related Accident	1	Abdomina: Pain			Apdominal Pain/Problems	Punci/Slab Detormity Detormity Laceration Buint light's Swell:Buinse					, A		1				
2	Assault		Back Pain		2	Airway Obstruction			ģ	erati	0.00	ng Ma	્ટુ ,	Burn				
3	Bicycle Accident	3	Bloody Stools		3	Allergic Reaction			Jise	5 8	量	3 6	1 S.	4				
4	Bites	4	Breathing Difficulty			Artered Level of Consciousness	Face											
5	Burns/Thermal/Chemical	5	Cardioresp Arrest		5	Behavioral/Psychiatric Discrder			+	+-+		\vdash	+	\dashv				
	Cnemical Poisoning		Chest Pain		6	Cardiac Arrest	Head											
7	Drowning	7	Choking		7	Cardiac Rhythm Disturbance	Neck							l				
	Drug Poisoning	8	Diarrhea		8	Chest Pain/Discomfort			_	┼┼╌┼		\vdash	\dashv	H				
	Electrocution (non-lightning)	9	Dizziness			Diabetic	Spine											
	Excessive Cold	10	Ear Pain			Electrocution	Thorax		- 1		- 1	1 1						
11	Excessive Heat	11	Eye Pain		11	Hyperthermia	_		_	++-+	+-	\vdash	\dashv	Н				
12	Falls	12	Fever/Hyperthermia	l	12	Hypothermia	Hand, Arm	1										
13	Firearm Injury		Headache		13	Hypovolemia/Shock	Abdomen											
	Ligntning	14	Hypertension			Inhalation Injury (Toxic Gas)			+	 	+	\vdash	\dashv	\vdash				
15	Machinery Accidents	15	Hypothermia		15	Obvious Death	Foot, Leg											
	Mechanical Suffocation		Nausea		16	Poisoning/Drug Ingestion	Body regir	on unspeci	fied									
17	MVC-Non-Public Road/Off Road	17	Paralysis			Pregnancy/OB Delivery											_	
18	MVC-Public Road	18	Palpitations		18	Respiratory Arrest	N/A											
19	Pedestrian Traffic Accident	19	Preg./Childbirth/Misc	arriage	19	Respiratory Distress	TIM	E CARD	IAC		TIME	1ST		PRO	OVIDER O	F	TIME 1	ST
20	Radiation Exposure	20	Scizures/Convulsion	าร	20	Seizure	ARRES	T WITN	ESSE	D	CP	R		1	IST CPR		DEFIE	3
	Smoke Inhalation	21	Syncope		21	Smoke Inhalation								1	Bystance	r		
22	Sports Injury	22	Unresponsive/Unco	nscious	22	Stings/Venomous Bites					$oxed{oxed}$			2	Responde N/Appl	er		!:
23	Stabbing	23	Vaginal Bleeding		23	Stroke/CVA				ı			ľ	NA	N/Appi Unknown			i
	Venomous Stings (plants, animals)		Vomiting			Syncope/Fainting	DBOV	IDER OF		DEFIE			TIME				CIRCULA	TION
	Water Transport Accident	25	Weakness (malaise))	25	Traumatic Injury		DEFIB		DEVIC				SC			RETURNED	
	Other:	0	Other:		26	Vaginal Hemorrhage		vstander						Ĭ		7		7
	Not Applicable	_			27	General Illness		esponde					i	ĺ				
	Unknown				0	Other:	NA N	/Appl	N.	A N/A								
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	PROCEDURES		ID Number	PR	CF	DURES - AIRWAY S	ze	Lo	C.	Att	empt	s	#Suc		Time		ID Nur	nber
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<u></u>	Assisted Ventilation (BVM)		3	Che	St L	ecompression								<u> </u>				
2	Positive Pressure Ventilation L	PM	: \ 4	Cric	othy	rotomy	1					}		}		- 1		l
7	Nasal Airway LPM:	_	5	EGI	· ^ /E	OA/PLT/CBT				1		+		\dagger		\neg		
-	·			-	, V L	OAT ET/OBT	+			_		-		+				-
. 9	Oral Airway LPM:		6	6 ET														
10	Nasai Cannula LPM:		l E	NG	Tub	e								T				
11	Oxygen Mask LPM:			V AC								-		١		- 1		
<u> </u>	· · ·		<u> </u>	V AC														
12	Backboard					Location Gauge	Attpts	Suc	С	Tin	ne	F	-luid/	Тур	e Vol.	/Rat	e ID Nu	mber
13	Bleeding Controlled			1					$\neg \vdash$								1	
14	Burn Care	_	· -	+					-			+					+	-
-				2				1										
15	CPR			3														
16	ECG Monitoring								-			+		-				
17	Defibrillation/Cardioversion (Al	=D)	I —				ļ	1	_			+						
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18	Immobilization - Extremity				A.	IEDICATION Dose/R	oute	Time	Ιſ) Numb	er :	Do	se/R	oute	Tim	е —	ID Nur	mber
19	Immobilization - Spine			_	1,4	iebie/iiioit Beegii				. 10				0 0.10		_		
20	Immobilization - Traction Splin	t		1					<u> </u>									
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22	Intraosseous Catheter		· · · · ·						+						+			
23	Intravenous Fluids			4														
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25	Medication Administration						-		-						 			
26	OB Care/Delivery		1 7	7														
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N/	Not Applicable		1	0				_		_			_			_]
	TREATMENT BUNGLOUANES		TEO (000000000000000000000000000000000000		05	'			•									
А	UTHORIZATION PHYSICIAN'S	NC	TES/ORDERS/SIG	JNATU	KĒ:							IV E	3OX:	0	LD#		NEW#	
1	Standing Orders										\dashv			Ω	LD#		NEW#	ļ
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2	On-line										-+	DR	UG B	OX:	OLD#		NEW#	
3	On-scene										F	- 1	- 1	Т		Т		
4	Transfer Orders												ĺ				END Mik	eage
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-	Not Applicable												$\neg \uparrow$		\neg		TOTAL N	Aileaca
U	Unknown PHYSICIAN D	EΑ		-		NARCOTICS ACCOUNTED	FOR:					ل						
M	V IMPACT SAFETY E	QUL	PMENT LI	EVEL (ARE DESTINATION					STINA					Rece	iving Faci	ility
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	Head-on 1 None Used 7 Lateral 2 Shoulder Only 8			BLS ALS		1 Home 2 Police/Jai:				Facility Family (Choice			_	+		- " +	\dashv
					poli	cable 3 Medical Office/Clinic				Physicia								
	Rear 4 Shoulder/Lap 10				P111	4 Other EMS Responde	r (Ground)	4 Ma	nage	d Care	0110							
	Rollover 5 Safety Seat NA Not Applicable			5 Other EMS Responde		nt Cho	ice											
	Rotation 6 Air Bag U Unknown				6 Hospital		(Air) 5 Law Enforcement Cl											
NA	NA Not Appl					7 Morgue		7 Specialty Resource										
Ü	U Unknown		1			N/A Not Applicable		8 On-line Medical Dire										
	1						9 Diversion											
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